I INITED STATES DISTRICT COLIDT

| UNITED STATE | for the | | |
|--|---|--|--|
| I | District of | | |
| Plaintiff(s) V. |)))) (Civil Action No.))) | | |
| Defendant(s) |) | | |
| SUMMONS IN A CIVIL ACTION | | | |
| To: (Defendant's name and address) | | | |
| are the United States or a United States agency, or an of P. 12 (a)(2) or (3) — you must serve on the plaintiff an | n you (not counting the day you received it) — or 60 days if you fficer or employee of the United States described in Fed. R. Civ. answer to the attached complaint or a motion under Rule 12 of otion must be served on the plaintiff or plaintiff's attorney, | | |
| If you fail to respond, judgment by default will You also must file your answer or motion with the court | be entered against you for the relief demanded in the complaint. t. BRENNA B. MAHONEY CLERK OF COURT | | |
| Date: | | | |

Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

| was red | This summons for (na ceived by me on (date) | me of individual and title, if an | ny) | | |
|---------|--|-----------------------------------|--|---------------------------------------|--|
| was ice | cerved by the on (aate) | | · | | |
| | ☐ I personally served the summons on the individual at (place) | | | | |
| | | | on (date) | ; or | |
| | | | ence or usual place of abode with (name) | | |
| | on (date), a person of suitable age and discretion who resides there, on (date), and mailed a copy to the individual's last known address; or | | | | |
| | | | | | |
| | ☐ I served the summons on (name of individual) , who is designated by law to accept service of process on behalf of (name of organization) | | | | |
| | | | | | |
| | | | on (date) | ; or | |
| | ☐ I returned the sum | mons unexecuted because | e | ; or | |
| | ☐ Other (specify): | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | · · · · · · · · · · · · · · · · · · · | |
| | I declare under penalty of perjury that this information is true. | | | | |
| Date: | | | | | |
| | | _ | Server's signature | | |
| | | _ | Printed name and title | | |
| | | _ | Server's address | | |

Additional information regarding attempted service, etc: